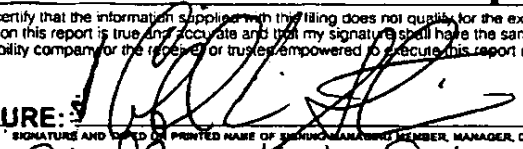


FILED
Apr 09, 2008 8:00 am
Secretary of State

03-17-2008 90267 045 ***143.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/

DOCUMENT # L07000073817			
1. Entity Name CFRP I, LLC			
Principal Place of Business 2701 MAITLAND CENTER PARKWAY SUITE 225 MAITLAND, FL 32751		Mailing Address 2701 MAITLAND CENTER PARKWAY SUITE 225 MAITLAND, FL 32751	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number 26-0547228		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		03052008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent STEIN, CLIFFORD L 2701 MAITLAND CENTER PARKWAY SUITE 225 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing.) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Mgmt Stein, Clifford L. 2701 Maitland Center Pkwy, #225 Maitland, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Mgmt Stein, Clifford L. 2701 Maitland Center Pkwy, #225 Maitland, FL 32751	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP Mgmt Berman, Reid S. 2701 Maitland Center Pkwy, #225 Maitland, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Mgmt Berman, Reid S. 2701 Maitland Center Pkwy, #225 Maitland, FL 32751	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		3/13/08 6590120	
PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Clifford L. Stein		Date Daytime Phone #	